



STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>00136063</u> <u>03 JAN 29 AM 9:37</u>		2. Type of Filing	
3. Full Name Of Committee (Must include Sponsor or Affiliate) <u>LOCAL 1250 PEOPLE FOR</u>		<input checked="" type="checkbox"/> 2a. Original <input type="checkbox"/> 2b. Amendment to Item(s)# 2c. Date Change(s) Took Place _____ Month Day Year	
3a. Acronym or Abbreviation (If any) _____			
3b. Name of Sponsor or Affiliate: _____			
3c. Are you a Separate Segregated Fund (SSF)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign			
4. Committee Mailing Address (May be P.O. Box): _____			
4a. Committee Street Address (May not be P.O. Box) _____			
5. Date Committee Was Formed (In Michigan) Mo _____ Day _____ Year _____ 6. Committee Area Code and Phone Number (_____) _____			
7. Name and Mailing Address of Committee Treasurer			
<u>DERRINGER</u> <u>ROTH</u> <u>E</u> <u>27646 Wagner</u> <u>Warren</u> <u>MI</u> <u>48093</u> Last Name First Name M. I. Street Address or P. O. Box City State Zip Code			
Area Code and Phone (<u>586</u>) <u>759.1051</u> Driver License # (Optional) <u>D 652 751 205 065</u>			
8. Type of Committee (Please check one box) <input type="checkbox"/> Political Committee <input type="checkbox"/> Independent Committee			
9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.			
Last Name First Name M.I. Street Address City State Zip Code Area Code and Phone () Driver License # (Optional)			
10. <input type="checkbox"/> REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "S amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds.			
11a. Official Depository:			
Name _____ Street Address _____ City _____ State _____ Zip Code _____			
11b. Secondary Depository:			
Name _____ Street Address _____ City _____ State _____ Zip Code _____			
12. Complete if committee is being registered to support or oppose specific candidates.			
Candidate Name		Office Sought	County of Residence Party (if any)
13. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Ballot Proposal: _____			
If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.			
<input type="checkbox"/> Statewide <input type="checkbox"/> Multi-County _____ <input type="checkbox"/> County _____ <input type="checkbox"/> Local _____			
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.			
Current Treasurer <u>ROTH E DERRINGER</u>		Signature <u>Ruth E. Derringer</u>	Date <u>1 20 03</u>
Type or Print Name		Signature	Mo. Day Year

AMENDED

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INDEPENDENT AND POLITICAL COMMITTEES

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<p>1. Committee Identification No. <u>00136063</u></p> <p>3. Full Name Of Committee (Must Include Sponsor or Affiliate) <u>LOCAL 1250 PEOPLE FUND</u></p> <p>3a. Acronym or Abbreviation (If any) _____</p> <p>3b. Name of Sponsor or Affiliate: _____</p> <p>3c. Are you a Separate Segregated Fund (SSF)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign</p> <p>4. Committee Mailing Address (May be P.O. Box): _____</p> <p>4a. Committee Street Address (May not be P.O. Box) _____</p> <p>5. Date Committee Was Formed (In Michigan) Mo _____ Day _____ Year _____</p> <p>6. Committee Area Code and Phone Number (_____) _____ - _____</p> <p>* 7. Name and Mailing Address of Committee Treasurer <u>Derringer</u> <u>Roth</u> <u>E 27646 Wagner Warren MI 48093</u> Last Name First Name M. I. Street Address or P. O. Box City State Zip Code Area Code and Phone (<u>810</u>) <u>759-1051</u> Driver License # (Optional) <u>D652751205065</u></p> <p>8. Type of Committee (Please check one box) <input type="checkbox"/> Political Committee <input type="checkbox"/> Independent Committee</p> <p>9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.</p> <p>_____ Last Name First Name M.I. Street Address City State Zip Code Area Code and Phone () _____ Driver License # (Optional) _____</p> <p>10. <input type="checkbox"/> REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "\$ amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.</p> <p>11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____ 11b. Secondary Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____</p> <p>12. Complete if committee is being registered to support or oppose specific candidates. Candidate Name _____ Office Sought _____ County of Residence _____ Party (if any) _____</p> <p>13. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose Ballot Proposal: _____ If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. <input type="checkbox"/> Statewide <input type="checkbox"/> Multi-County _____ <input type="checkbox"/> County _____ <input type="checkbox"/> Local _____</p> <p>14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief. Current Treasurer <u>LINDA ANNE BEATON</u> <u>[Signature]</u> Date <u>11 22 2000</u> Type or Print Name Signature Mo. Day Year</p>	<p>2. Type of Filing <input type="checkbox"/> 2a. Original <input checked="" type="checkbox"/> 2b. Amendment to Item(s) # <u>7</u> 2c. Date Change(s) Took Place <u>11</u> <u>22</u> <u>2000</u> Month Day Year</p> <p style="text-align: center;">FILED 01 JAN 22 AM 10:54 CLERK MICHIGAN</p>
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STATEMENT OF ORGANIZATION FOR INDEPENDENT, POLITICAL, BALLOT QUESTION AND POLITICAL PARTY COMMITTEES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

95 AUG 17 AM 10:21
CARRELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FILED

Type or Print Clearly

1. Committee Identification No. 00136063-50		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____ Date Change Took Place mo. _____ day _____ yr. _____	
2. Full Name of Committee AFSCME Local 1250 PEOPLE FUND COMMITTEE		5. Committee Mailing Address (if different from street address)	
4. Committee Street Address (street, city, state, zip code) 30500 Van Dyke Avenue Suite 404 Warren, MI. 48093 Area Code and Phone 810-574-1360		7. Date Committee Was Formed 6- 20- 95 mo. day yr.	
6. Full Name and Mailing Address of Treasurer LINDA ANNE BEATON 30500 Van Dyke Avenue, Warren, Mi. 48093 Area Code and Phone (business hours) 810-574-1360			

8. Type of Committee (check one box)
- | | | |
|---------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Independent Committee | <input type="checkbox"/> Ballot Question Committee | <input type="checkbox"/> District Political Party Committee |
| <input checked="" type="checkbox"/> Political Committee | <input type="checkbox"/> State Central Political Party Committee | <input type="checkbox"/> County Political Party Committee |

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will handle these responsibilities, leave this item blank.

Name	Mailing Address	Area Code/Phone
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10. REPORTING WAIVER SECTION

- a. ☐ INDEPENDENT, POLITICAL AND POLITICAL PARTY COMMITTEES: The committee does not expect to receive or spend more than \$1,000.00 in a calendar year.
- b. ☐ BALLOT QUESTION COMMITTEES: The committee does not expect to receive or spend more than \$1,000.00 for any election.

11. List the names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

**CO AMERICA BANK
30500 Van Dyke Avenue Warren, MI 48093**

12. Complete if committee is being registered to support or oppose specific candidates.

Name of Candidate	Office Sought (include district number and community)	County of Residence	Party (if any)
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13. Complete if committee is being registered to support or oppose specific ballot proposals.

Ballot Proposal	Support or Oppose	Type (statewide, multi-county, county, local)
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If not a statewide proposal, list the county, city, township, village or school district involved. If a multi-county proposal, list the county where the greatest number of voters eligible to vote on the proposal reside.

14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.

Treasurer *Linda A. Beaton*

LINDA A. BEATON

Date **8/9/95**



STATEMENT OF ORGANIZATION FOR
INDEPENDENT, POLITICAL, BALLOT QUESTION
AND POLITICAL PARTY COMMITTEES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

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6. Full Name and Mailing Address of Treasurer LINDA ANNE BEATON 30500 Van Dyke Avenue, Warren, MI. 48093 Area Code and Phone (business hours) 810-574-1360	

8. Type of Committee (check one box)

<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Ballot Question Committee	<input type="checkbox"/> District Political Party Committee
<input checked="" type="checkbox"/> Political Committee	<input type="checkbox"/> State Central Political Party Committee	<input type="checkbox"/> County Political Party Committee

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CO AMERICA BANK
30500 Van Dyke Avenue Warren, MI 48093

12. Complete if committee is being registered to support or oppose specific candidates.

Name of Candidate	Office Sought (include district number and community)	County of Residence	Party (if any)
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Political Action Committee

13. Complete if committee is being registered to support or oppose specific ballot proposals.

Ballot Proposal	Oppose	Type (statewide, multi-county, county, local)	If not a statewide proposal, list the county, city, township, village or school district involved. If a multi-county proposal, list the county where the greatest number of voters eligible to vote on the proposal reside.
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14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.

Treasurer	Type or Print Name	Signature	Date
	LINDA A. BEATON	<i>Linda A. Beaton</i>	8/9/95

Authority granted under Act 388 of 1976, as amended.